

**PRESS FELLOWSHIP PROGRAMME  
APPLICATION FORM**



**WOLFSON COLLEGE CAMBRIDGE**

Please save this document as 'last name-first name' as a Word document or pdf and email it as an attachment to [pressfellowship@wolfson.cam.ac.uk](mailto:pressfellowship@wolfson.cam.ac.uk) (Note: boxes will expand as you type).

For office use only:	
WCID	Status

PERSONAL INFORMATION			
Title	First Name	Other Names (in full)	Surname / Family Name (BLOCK CAPITALS)
Gender	Date of Birth (dd/mm/yy)	Nationality	Email Address
Married/Partner/Single	Accompanying Y/N	(if accompanying) Title & name of Spouse/Partner	(if accompanying) Children DoB
Address for correspondence including postcode			
EDUCATION/ACADEMIC DETAILS (University record)			
Dates	Institution and Degree(s) awarded		
EMPLOYMENT DETAILS (Present employer)			
Date from -	Position held and Employer's name and contact details		
PREVIOUS EMPLOYMENT (List most recent first)			
Dates	Position details and Employer's name		
DETAILS of countries visited in connection with your work (Dates and details of Assignment/Scholarships etc).			
Dates	Country	Details	

<b>PROPOSAL</b>		
Subject area/Title:		
Research proposal (Approx 1000 words) (Web addresses for articles or attachments can be included)		
<b>REFEREE DETAILS</b> – Two required, one of whom should be your present employer (name, position and email address). Please ask your referees to email directly in support of your application to <a href="mailto:pressfellowship@wolfson.cam.ac.uk">pressfellowship@wolfson.cam.ac.uk</a> .		
1. Referee Name		2. Referee Name
Further information you think relevant to your application (maximum 500 words)		
DATE / /	SIGNATURE	

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